Minnesota State High School League

2014-2015 PI ADAPTED ATHLETICS PHYSICAL EXAM FORM Addendum (Use only for Adapted Athletics - PI Division)

The MSHSL has competitive interscholastic Physically Impaired (PI) competition. Students who are deemed fit to participate in competitive athletics from a MSHSL sports qualifying exam should meet the criteria below to participate in Adapted Athletics – PI Division.

The MSHSL Adapted Athletics PI Division program is specifically intended for students with physical impairments who have medical clearance to compete in competitive athletics. A student is eligible to compete in the PI Division with one of the following criteria:

The student must have a diagnosed and documented impairment specified from one of the two sections below: (Must be diagnosed and documented by a Physician and/or Physicians Assistant.)

1.	Neuromuscular			Postural/Skeletal		Traumatic	
	Growth			Neurological Impairment			
	Which:	affects Motor	Function	modi	fies Gait I	^o atterns	
	(Optional) Requires the use of prosthesis or mobility device, including but not limited to cane crutches, walker or wheelchair.						
2.	Cardio/Respiratory Impairment that is deemed safe for competitive athletics, but limits the intensity and duration of physical exertion such that sustained activity for over five minutes at 60% of maximum heart rate for age results in physical distress in spite of appropriate management of the health condition.						
	(NOTE:) A condition that can be appropriately managed with appropriate medications that eliminate physical or health endurance limitations WILL NOT be considered eligible for adapted athletics.						
Specif	ic exclusions	to PI competition	n:				
particip individi examp	oate in the PI I ual's physician	Division even thou	igh some o	of the conditions below ernment agency. This	may be o	ned above, do not qualify the student to considered Health Impairments by an all-inclusive and the conditions are t listed below may also be non-qualify	
(EBD), Asthma	Autism specti a, Reactive Air	rum disorders (inc rway Disease (RA	luding Asp D), Bronch	perger's Syndrome), To	ourette's S a (BPD), E	Emotional Behavioral Disorder Syndrome, Neurofibromatosis, Blindness, Deafness, Obesity, orders.	
Studer	nt Name						
Attend	ing Physician/l	Physician Assista	nt _(PRINT)				
Attend	ing Physician/l	Physician Assista	nt _{(SIGNATUR}	E)			
Date o	f Physical Exa	m					